

Michael A. Bacon

Name

Nevada Southern Detention Center

Address

2190 East Mesquite Avenue

Pahrump NV 89060

05425-081

Prison Number

FILED	RECEIVED
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COUNSEL/PARTIES OF RECORD	
MAY 20 2020	
CLERK US DISTRICT COURT DISTRICT OF NEVADA	
BY:	DEPUTY

**UNITED STATES DISTRICT COURT  
DISTRICT OF NEVADA**

\*\*\*

Michael A. Bacon, et al.

Plaintiff(s)

vs.

Core Civic

Warden Brian Koehn

Director Michael Carvajal

U.S. Marshal Service, M. Jefferson

Defendants(s)

Case No. 2:20-cv-00914-JAD-VCf

**CIVIL RIGHTS COMPLAINT  
PURSUANT TO  
42 U.S.C. § 1983**

**BIVENS ACTION**

**COVID-19**

**A. JURISDICTION**

- 1) This complaint alleges that the civil rights of Plaintiff, Michael A. Bacon, who presently resides at Nevada Southern Detention Center (NSDC), were violated by the actions of the below-names individuals that were directed against Plaintiff at NSDC in Pahrump, Nevada on the following dates:  
For Claim 1 – March 2020 to Present; and for Claim 2 – March 2020 to Present.
- 2) This complaint alleges that the civil rights of Plaintiff, Pete Polis #20979-085, who presently resides at Nevada Southern Detention Center (NSDC), were violated by the actions of the below-names individuals that were directed against Plaintiff at NSDC in Pahrump, Nevada on the following dates:  
For Claim 1 – March 2020 to Present; and for Claim 2 – March 2020 to Present.

- 3) This complaint alleges that the civil rights of Plaintiff,

John Doe's (names to be provided when known)

who presently resides at Nevada Southern Detention Center (NSDC), were violated by the actions of the below-names individuals that were directed against Plaintiff at NSDC in Pahrump, Nevada on the following dates:

For Claim 1 – March 2020 to Present; and for Claim 2 – March 2020 to Present.

### DEFENDANTS

- 4) Defendant Core Civic resides at \_\_\_\_\_, and is employed as Detention Center for BOP. This defendant is sued in his/her \_\_\_\_\_ individual X official capacity. (Check one or both.) Explain how this defendant was acting under color of Federal law: They have a contract with the DOJ as a subsidiary of the Federal Government to house federal inmates.
- 5) Defendant Brian Koehn resides at State of Nevada, and is employed as Warden. This defendant is sued in his/her X individual X official capacity. (Check one or both.) Explain how this defendant was acting under color of Federal law: He is the Warden for NSDC for Core Civic in where federal inmates are housed.
- 6) Defendant Michael Carvajal resides at Washington D.C., and is employed as Director of BOP. This defendant is sued in his/her X individual X official capacity. (Check one or both.) Explain how this defendant was acting under color of Federal law: He oversees the Bureau of Prisons and agencies that hold Federal inmates.

- 7) Defendant Mr. Jefferson resides at State of Nevada, and is employed as U.S. Marshal. This defendant is sued in his/her X individual X official capacity. (Check one or both.) Explain how this defendant was acting under color of Federal law: He is in charge over NSDC which houses Federal inmates.
- 8) Jurisdiction is invoked pursuant to 28 U.S.C. § 1343(a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional statutes, list them below.
- Bivens Action.

### **B. REQUEST FOR CLASS CERTIFICATION**

It is the request of the Plaintiff, Michael A. Bacon, that the Court grant class certification pursuant to Federal Rules of Civil Procedure, Rule 23 and 28 U.S.C. § 1332.

### **C. NATURE OF THE CASE**

As NSDC inmates, we are trying to obtain the same rights as BOP inmates as ordered by the DOJ due to the COVID-19 pandemic. As this is a private facility, NSDC's claim is that its inmates do not have the same rights, which leaves us vulnerable to unnecessary risks of exposure to COVID-19.

### **D. CAUSES OF ACTIONS**

#### **CLAIM 1**

The 14<sup>th</sup> Amendment to the U.S. Constitution – Equal protections under the law/due process.

There are some at Core Civic (CC), Nevada Southern Detention Center (NSDC) that are

similarly situated as those in those in the Bureau of Prisons (BOP). It is important to keep in mind that Core Civic is a private company that has a contract with the Department of Justice (subsidiaries) to house Federal inmates for the BOP, and is also known as a "transfer point." By Attorney General William Barr's directives of April 3, 2020 and March 26, 2020, "Each inmate is unique and each require the same individualized determinations we have always made in this context." See April 3, 2020 memorandum for Director of BOP. There are those here that meet the criteria to be considered for Home Confinement/Residential Re-entry Center (RRC).

Prisoners have been blocked on numerous occasions to achieve this, yet all is said is that CC is not part of BOP (it should be noted that the BOP Director also gave a directive on April 21, 2020 almost the same as the AG's.) Basically in purgatory with no recourse being denied equal protections under the law and due process. It has been expressed to CC, BOP, and the U.S. Marshal Service (USMS) that prisoners need a liaison that could help with the process, as those in BOP facilities and those here at CC are being denied the same right. When it was written to the BOP, a copy was sent back as received April 13, 2020. There reply was, "You need to speak with a 'unit team,'" and "You have to wait until you are at a designated facility to address the issues with your assigned case manager."

The problem is that movement is supposed to be suspended. All administrative remedies were exhausted on many levels, and we have even written to the ALCU and attorneys in regard to this and other issues. Attorneys in multiple states have been contacted in which one attempted to invoke the CARES Act and the AG's memo. This was sent to the Warden's office on April 20, 2020. It was not responded to by the Warden, even though at the first town hall meeting, he said to have the attorney email him and he would help. This was untrue, all he did was send it to their corporate attorney, and they even denied the request and said they are a private company and don't have to comply with BOP standards or the AG directive.

To get those who qualify released is in the public health interest in that it is assured those here don't have COVID-19 as CC states. It endangers those here because prisons across the nation are having a hard time with the alarmingly rapid growth of COVID-19. Some are setting up quarantine tents on their compounds, and still prisons are reporting 80-90% of prisoners becoming infected. Sending us to a BOP that is infected is a potential death sentence, and here we are in the midst of a national emergency, or better yet a world emergency, and those at CC are being denied access to be screened for release.

What supports the dangerous conditions of prisons is the fact that the union representing Federal prison employees have filed a complaint against the BOP for deplorable conditions, and the fact they are still transferring inmates. Just like here at CC, inmates have complained about placing our lives at risk because they won't stop transfers, and the next thing you know COVID-19 strikes here, just like they don't supply protective materials to staff or inmates.

One last Claim 1 item, under the CARES Act, we are allowed to obtain additional time off our sentence by participating in programs. Yet, we cannot do that here because Core Civic/NSDC insists they are not part of the BOP.

## **CLAIM 2**

The 8<sup>th</sup> Amendment to the U.S. Constitution – Deliberate indifference/reckless disregard.

Core Civic and NSDC have been conveying the message that they are compliant with safe standards by telling peoples' families, attorneys, media, and government that they do the following:

- (1) That all inmates and staff are screening for COVID-19 (false claim):
- (2) The NSDC assess their stockpiles of food, medicines, and sanitation supplies (false claim):

(3) The NSDC ceased movement of inmates and detainees among its facilities (false claim);

(4) The NSDC is creating social distancing by using every other bunk for placement

(impossible as it's dorm living at full capacity);

(5) Detainees are served styrofoam food trays (false claim);

(6) NSDC is equipped to provide appropriate care (false claim, no place in prison setting is equipped to handle COVID-19, in fact, no place is, period);

(7) Have stated that COVID-19 was not here at NSDC (yet it is); and

(8) Have claimed to have negative pressure cells to satisfy COVID-19 care, yet the ration per inmate exceeds the number of cells to where it is impossible to contain COVID-19.

The CDC guidelines to help reduce the risk of COVID-19 transmissions in these type of facilities are as follows:

(1) Restricting transfers of incarcerated and detained persons to and from other jurisdictions and facilities unless necessary for medical purposes;

(2) Implementing cleaning and disinfecting procedures;

(3) Reinforce healthy hygiene practices;

(4) Implement social distancing strategies; and

(5) Implement prevention strategies for staff.

See Center for Disease Control and Prevention. Interim Guidance on Management of

Coronavirus Disease 2019 (COVID-19) In Correction and Detention Facilities found at:

[www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html) (last visited April 2, 2020). This CDC guidance shown above herein is not being followed by Core Civic, as the Director of BOP sent out a memo April 21, 2020 of guidelines to be followed and NSDC refuses to adhere to these guidelines as well. They say this is because they are not part of the BOP, yet they get paid by the DOJ.

What is really going on is as follows:

(1) No soap for five days:

(2) A staff member threatened the lives of inmates by stating if we didn't stop complaining about the exposure to COVID-19, she would make a point to come in section G1 and cough unprotected upon inmates, which she did the next time she came in;

(3) We have asked them not to continue to transfer people in so we couldn't be exposed to COVID-19, yet now it's here and asked to stop movements, they didn't, they continued to move inmates from infected facilities to here;

(4) It was asked that all those here at CC, staff and inmates alike, be tested, for it is a fact that there is data that shows there are a lot of asymptomatic people and that tests are vital to better protect ourselves; they claim that they don't have the test and that we don't need them;

(5) We're not given masks nor are staff wearing them even though they said it would happen, it wasn't until after COVID-19 was here; they gave out non-CDC compliant masks, and staff at times don't wear masks or properly, and staff are not given CDC personal protective equipment (PPE);

(6) A liaison was requested, and so those here can get the same treatment as BOP inmates get denied (see 14<sup>th</sup> Amendment issue more outlined above herein);

(7) Went to medical where the COVID-19 patient was, and it wasn't until an inmate was leaving medical that a staff member said, "Next time you where a mask." The inmate should have been told this before entry, and provided masks before entry to contaminated area;

(8) Also at inmate/warden meeting, it was said no movement would be done, yet they did it anyways, causing COVID-19 to be here, and endangering all here. They moved inmates from infected high risk areas to low risk areas, as here, without proper screening or personal protective gear.

To get those who qualify released is in the public health interest in that it is assured those here

don't have COVID-19 as CC states. It endangers those here because prisons across the nation are having a hard time with the alarmingly rapid growth of COVID-19. Even after setting up quarantine tents on their compounds, some prisons report 80-90% of prisoners becoming infected. Sending us to a BOP that is infected is a potential death sentence, and here we are in the midst of a national emergency, or better yet a world emergency, and those at CC are being denied access to be screened for release.

What supports the dangerous conditions of prisons is the fact that the union representing Federal prison employees have filed a complaint against the BOP for deplorable conditions, and the fact they are still transferring inmates. Just like here at CC, inmates have complained about placing our lives at risk because they won't stop transfers, and the next thing you know COVID-19 strikes here, just like they don't supply protective materials to staff or inmates.

#### **IN CLOSING**

Nothing had been filed in any courts involving these same facts outlined above herein. When those here at NSDC plead guilty, we had the understanding we would receive adequate medical care, and not receive a death sentence.

Now the fear of death is now the sentence, instead of just a few months left on a sentence. That does something to one's psyche, as of a man who is innocent enough in regards his sentence was not supposed to be a death sentence, yet now it is. That's what comes down to per their actions. You know the old adage, of a picture is worth a thousand words. Well, this one portrayed by the Plaintiffs is worth more than a thousand, it speaks volumes.

Everyday people hear live in fear for their life and question if they will get COVID-19. This is a valid fear that brings out undue anxiety, stress, both mental and emotionally. They could have alleviated the risk yet they refused to do so.



### E. REQUEST FOR RELIEF

I believe I am entitled to the following relief:

- (1) Trial by jury: \_\_\_\_\_
- (2) Monetary damages for mental and emotional distress: \_\_\_\_\_
- (3) That all inmates and staff are adequately tested for COVID-19 infection; and \_\_\_\_\_
- (4) A liaison be assigned to immediately put those of us who qualify in Home \_\_\_\_\_  
Confinement/Halfway House. \_\_\_\_\_

I understand that a false statement or answer to any question in this complaint will subject me to penalties of perjury. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.** See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

Michael A. Bacon  
Michael A. Bacon

5/17/20  
Date

Pete Polis  
Pete Polis

5/17/20  
Date

## **ADDENDUM**

Attached hereto are exhibits from Plaintiffs in regards to their claims.

The following needs to be added to the body of the complaint because of the ever changing of the landscape:

### **ADDED DEFENDANTS**

A. Defendants John and Jane Doe 1-10 will be named when known

### **ADDED CLAIMS**

A. They claim that they follow CDC guidelines pertaining to COVID-19 and that all detainees are isolated for 14 days. (false claim)

B. The defendants are not investigating the incident as described above herein. See page 7 at (2)

C. Wont allow to see the optometrist so Mr. Bacon can have glasses so he can see for he has a prescription. They claim he does not qualify for glasses after they had him stand on a line and look at a chart on the wall. That's how they made this determination. Also they refuse to give him his glasses in his property.

D. Section F has been quarantined because of the recent case of COVID-19. On May 14<sup>th</sup> 2020 the unit manager told us of this issue and the requirements of no staff who works in that section cannot go into other sections once they leave that section. Yet on May 12<sup>th</sup> 2020 P.M. A staff member came out of that section and into section G1.

# **EXHIBIT 1**

Grievances and  
Correspondence of  
Michael Bacon

Office of the  
**Federal Public Defender**  
Districts of Colorado and Wyoming

Warren R. Williamson, First Assistant  
David Weiss, Wyoming Branch Supervisor

Virginia L. Grady, Federal Public Defender

O. Dean Sanderford, Chief, Appeals  
Veronica S. Rossman, Senior Counsel

April 20, 2020

Brian Koehn, Warden  
Nevada Southern Detention Center  
2190 East Mesquite Avenue  
Pahrump, NV 89060

Re: Michael A. Bacon, Reg. No. 05425-081

Dear Warden Koehn:

I am writing to urge you to grant my client, Michael Bacon (Reg. No. 05425-081), immediate release to a residential reentry facility to serve the remainder of his sentence, in light of the COVID-19 pandemic.

Mr. Bacon has completed nearly 90% of his sentence; he is set for release in March 2021. (See attached Time Computation Report).

**I am respectfully requesting your urgent attention to this request for two reasons:**

1. On April 17, 2020, we learned from the Federal Public Defender's Office in Las Vegas (who received a report from the US Marshals) that there is at least one confirmed-positive case of COVID-19 in your facility.

2. This morning, we confirmed there is a space available at a nearby residential reentry facility: *Las Vegas Community Corrections Center*, 2901 Sammy Davis Jr. Drive, Las Vegas, NV 89109, Telephone Number: (702) 953-1162; Fax: (702) 932-2152.

\*\*\*\*

Richard,

If you have any questions about this claim you could call my friends attorney Veronica. Thank you *RS*

Cheyenne, Wyoming  
214 W. Lincolnway, Suite 31A  
Cheyenne, WY 82001  
Phone: 307-772-2781  
Fax: 307-772-2788

Denver, Colorado  
633 17th Street, Suite 1000  
Denver, CO 80202  
Phone: 303-294-7022  
Fax: 303-294-1192

Casper, Wyoming  
Ewing T. Kerr Federal Building  
111 South Wolcott Street, Room 312  
Casper, WY 82601  
Phone: 307-772-2781  
Fax: 307-772-2788

**SICK CALL REQUEST / FACE-TO-FACE ENCOUNTER****PART A:** (To be completed by inmate/detainee patient)

Date: 5/5/2020 Work Assignment: \_\_\_\_\_  
 Work Hours: \_\_\_\_\_ Housing Assignment: G1-04  
 Reason for requesting Health Services appointment (BE SPECIFIC): MY ATTORNEY NEEDS MEDICAL DOCUMENTATION INDICATING I HAVE BEEN SCREENED FOR COVID-19 & THAT I AM NOT INFECTED WITH COVID-19  
 How long have you had this problem? I DONT NEED TO BE SEEN I JUST NEED MEDICAL PAPERS  
 Inmate/Detainee Name (print): MICHAEL A. BACON Inmate/Detainee Number: 05425-081  
 Inmate/Detainee Signature: Michael A. Bacon Date of Birth: 1/14/1969

**PART B:** (Medical Staff Only)

Sick Call Received by: (signature) R. POUILLON RN  
 Date Received: 5/6/20 Time Received: 0800 hours

**DISPOSITION****PART C:** (To be completed by Medical/Health Services Staff Only)

Face-to-Face (FTF) completed by QHCP: (print name) \_\_\_\_\_  
 Date and Time FTF Encounter completed: \_\_\_\_/\_\_\_\_/\_\_\_\_, \_\_\_\_ Hours  
**Check Disposition:**  
☐ Emergent NSC (Immediately) ☐ Urgent NSC (within 24 hours) ☐ Routine NSC (within 72 hours)  
☒ No appointment needed (must fill out Part D below)  
**Referral to LIP (Check yes or no):** ☐ YES (check below for the timeframe) ☐ No Referral  
☐ Medical ☐ Dental ☐ Mental health  
☐ Emergency (Immediately) ☐ Urgent (within 24 hours) ☐ Routine (within 2-14 days)  
 QHCP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART D:** (To be completed by Medical Staff)**HEALTH SERVICES REPLY:**

Request sent to Medical Records  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 QHCP Signature: R. POUILLON RN Date: 5/6/20

White Copy: Medical Records  
 Pink Copy: Inmate/Detainee



Grievance No.: \_\_\_\_\_

14-5B

**INMATE/RESIDENT GRIEVANCE**

<b>FULL NAME:</b>	MICHAEL A. BACON		
<b>NUMBER:</b>	05425-681	<b>HOUSING ASSIGNMENT:</b>	G1-04

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☐ NO**GRIEVANCE CATEGORY (CIRCLE ONE):**

(1.) Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

**STATE GRIEVANCE:** (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

I RECENTLY SPOKE WITH USHS MR. JEFFERSON AND THE WARDEN FOR THEY BOTH CAME SEPARATELY WITHIN THE PAST WEEK TO UNIT G-1. I EXPLAINED MY CONCERN THAT OUT OF ALL THE REPORTS COMING IN NATIONWIDE THERE ARE MORE INFECTED PERSONS WITHIN THE PRISON SYSTEMS THEN WHAT WE KNOW BECAUSE JUST LIKE HERE THEY ONLY TEST SYMPTOMATIC PRISONERS THEY BOTH ADMITTED THAT MAY BE THE CASE HERE THERE MAY BE ASYMPTOMATIC PRISONERS HERE AS WELL I SAID WE ALL NEED TO BE TESTED HERE SO WE KNOW THE EXTENT OF COVID-19 HERE. SIMPLY PUT HE REFUSED TO TEST US ALL AND EVEN SAID THEY DONT HAVE THE TESTS AND THERE IS NO NEED TO DO IT THE PROBLEM IS IF THERE IS ONE HERE AS THERE WAS, OR IF ARE MORE ARE HERE WITH ARE ASYMPTOMATIC, YOU JUST CANT CLOSE YOUR EYES TO THIS THERE IS TOO MUCH DATA THAT PROVES ALL NEED TO BE TESTED TO HAVE A TRUE ACCOUNT

**Requested Action:** (Attach additional pages if necessary)

WANT ALL INMATES & STAFF TESTED FOR COVID-19 SO WE HAVE AN ACURATE COUNT SO WE CAN PROTECT OURSELVES JUST AS I TOLD USHS & WARDEN WE NEED THESE TESTS SO WE CAN PROTECT OURSELVES TAKE MEASURES AND NOT JUST IGNORE A LEGITIMATE REQUEST

I DID TELL USHS & WARDEN WE NEED TESTS SO WE CAN BETTER PROTECT OURSELVES AND IT WAS REFUSED

Inmate/Resident's Signature: Michael A. BaconDate Submitted: 4/1/2020

Grievance No.:

20002302-00275

14-5B

**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

Detainer is requesting a prisoner to assist him with release to home confinement at a halfway house.

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

See Attached for response

Responding Staff Member's Printed Name:

S. K. L.

Title:

Unit Manager

Responding Staff Member's Signature:

Date: 1/29/2020

Inmate/Resident's Signature (upon receipt):

Date: 4/27/20

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)

THE ATTORNEY GENERAL ISSUED A DIRECTIVE THAT ALSO ENCLOSED THE PLANS. JUST BECAUSE YOU ARE NOT A BOP FACILITY YOU STILL HOLD BOP INMATES AND YOU ARE UNDER THE LAW. BY LAW AND YOUR SUPERIOR DIRECTIVE YOU HAVE TO PUT US IN FOR HALFWAY HOUSES HOME CONFINEMENT SO YOU NEED TO GET US SOMEONE. YOU CAN BET I WILL BE NOTIFYING THE COURT OF YOUR NON COMPLIANCE UNDER THE AG'S ORDER.

**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

NSDC has no jurisdiction pertaining to facility placement.

Warden/Administrator's Signature:

Date:

5-6-2020

Inmate/Resident's Signature (upon receipt):

Date:

RECEIVED





Grievance No.: 2000-2302-00292

14-5B

## INMATE/RESIDENT GRIEVANCE

FULL NAME:	MICHAEL A. BACON		
NUMBER:	05425-081	HOUSING ASSIGNMENT:	61-04

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☐ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

APRIL 18 2020 I WAS CALLED DOWN TO MEDICAL WHEN I WAS LEAVING WITH ANOTHER INMATE. THE STAFF MEMBER WHO PUT US DOWN SAID NEXT TIME WHEN I COME TO MEDICAL MAKE SURE I WEAR A MASK BECAUSE THE COVID-19 PATIENT WAS THERE WHILE WE WERE IN MEDICAL. MY ATTORNEY'S REQUEST WAS:

1) WHY WERENT WE TOLD BEFORE WE WENT INTO MEDICAL THIS VITAL INFORMATION INSTEAD AFTER THE FACT

2) WHY WERENT WE PROVIDED PROTECTIVE GEAR BEFORE ENTRY INTO THE INFECTIOUS AREA MEDICAL

Requested Action: (Attach additional pages if necessary)

TO BE TOLD BEFORE ENTRY INTO MEDICAL PROVIDED PROTECTIVE GEAR AND HOW MANY COVID-19 INFECTED PEOPLE ARE IN MEDICAL HOLDING, OR HOUSED IN MEDICAL AND HOW MANY ARE HERE/HERE TO DATE AT THIS FACILITY HOW MANY QUANTITIED

Inmate/Resident's Signature: Michael A. Bacon

Date Submitted: April 20, 2020





Grievance No.: 2020-2302-00092

14-5B

**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

I am with management & inmate staff (in a common area) have been following the CDC guidelines with any updates to CDC advice.

Responding Staff Member's Printed Name: Sam Herring

Title: Warden

Responding Staff Member's Signature: [Signature]

Date: 4/21/20

Inmate/Resident's Signature (upon receipt): [Signature]

Date: 4/22/20

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)

THEY DID NOT RESPOND TO WHAT I ASKED TO KNOW MY REQUEST WAS SIMPLE AND I WAS REFUSED AN ANSWER

SO ONCE AGAIN WHY WERE WE NOT TOLD BEFORE ENTRY INTO MEDICAL WE HAD TO WEAR A MASK WHY AFTER THE FACT WHY NOT PROVIDE WITH PROTECTIVE GEAR HOW MANY COVID-19 POSITIVE PEOPLE ARE THERE HERE OR WHO WERE HERE AT THE FACILITY AND HOW MANY QUARANTINED AND HOW LONG ~~QUARANTINED~~ LAST FOR.

AS QUARANTINE LAST FOR.

**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

EVERY DETAINEE HAS BEEN GIVEN MASKS & WEAR. USDC HAS ALWAYS FOLLOWED CDC GUIDELINES PERTAINING TO COVID-19. THROUGHOUT THIS PANDEMIC, NEWADA STATE PRISON HAS HAD ONLY ONE POSITIVE CASE.

Warden/Administrator's Signature: [Signature]

Date: 4/22/20

Inmate/Resident's Signature (upon receipt): [Signature]

Date: 4/22/20



Grievance No.: 2020-2302-00268

14-5B

## INMATE/RESIDENT GRIEVANCE

FULL NAME:	MICHAEL A. BACON		
NUMBER:	05425-081	HOUSING ASSIGNMENT:	G-1-04

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☒ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

ON APRIL 10 @ 4:30 PM COUNT A MARSHAL (I HEARD HER NAME WAS MARSHAL) MADE A VERBAL THREAT TO MY LIFE AND ALL OF US IN HERE. WE WERE COMPLAINING ABOUT MOVEMENT BEING DONE AMONG COVID-19 CONCERN SHE DIRECTLY SAID TO US BEFORE SHE LEFT OUT AND MORE THAT WHEN SHE CAME BACK IN HERE SHE WOULD MAKE IT A POINT TO COME IN HERE AND ON US.

THIS IS NOT A JOKE FOR IT IS A FACT COVID-19 IS A KILLER & SOME OF OUR FAMILIES ARE FIGHTING FOR THEIR LIVES AND SHE WANTS TO THREATEN OUR LIVES BY TRYING TO EXPOSE US. IT IS A FACT COVID-19 HIDE IN SOME THAT SHOW NO SYMPTOMS YET CAN EXPOSE SOMEONE ELSE WITH WILL SHOW SYMPTOMS. SO WITH KNOWS SHE COULD HAVE IT. THERE ARE MANY OF US WITH HEADS THAT MAKE THIS THREAT & I AM ONE OF THEM.

Requested Action: (Attach additional pages if necessary)

I WANT HER RETRAINED, DEMOTED, AND KEPT AWAY FROM US BECAUSE OF THE RISK WE LIVE IN SHE MADE A VERBAL THREAT TO EXPOSE US SOMETHING MUST BE DONE TO CORRECT/EDUCATE HER UPON HER BEHAVIOR.

Inmate/Resident's Signature: Michael A. BaconDate Submitted: April 12 2020

Grievance No.: 2020-2302-00262

14-5B

**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

Detainee is upset that officer made a statement about making a point to rough in the unit in response to his concerns about detainee movement from other facilities into ITSD.

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

Corrections does not tolerate staff treating detainees without principle for the safety & security of those in their care. This issue will be investigated. The outcome of the investigation will be reported to the detainee's attorney. The results of the investigation will be discussed with the detainee's attorney. This will not happen again.

Responding Staff Member's Printed Name: S. K. L. Title: Unit Agent  
 Responding Staff Member's Signature: [Signature] Date: 5-7-2020  
 Inmate/Resident's Signature (upon receipt): [Signature] Date: 5/7/20

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)

IN ORDER TO INVESTIGATE VIDEO FOOTAGE AND TALKING TO OTHERS NOT HEARD HER WOULD NEED TO BE DONE. I KNOW FOR A FACT YOU HAVE NOT TALKED TO ANYONE. WHILE WHAT YOU SAY SOUNDS GOOD BUT FROM ALL I HAVE SEEN SINCE I HAVE BEEN HERE IS TALK.

**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

Investigation conducted on staff are not discussed with detainees.

Warden/Administrator's Signature: [Signature] Date: 5/6/2020  
 Inmate/Resident's Signature (upon receipt): [Signature] Date:



Grievance No. 71202302-00294

14-5B

## INMATE/RESIDENT GRIEVANCE

FULL NAME:	MICHAEL A. BACON		
NUMBER:	05425-081	HOUSING ASSIGNMENT:	61-04

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☐ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

YOU PEOPLE ARE UNPROFESSIONAL IN THAT I ASK TO SEE ABOUT GETTING GLASSES I GOT CALLED TO MEDICAL 4/18/20 TO GO TO STAND ON A STICKER OF A PENCIL TO COVER EACH EYE & READ THE CHART AND I AM TOLD I DONT QUALIFY FOR GLASSES  
I AM BEING DENIED TO SEE AN OPTOMETRIST I AM BEING DENIED GLASSES WHEN I HAVE A PRESCRIPTION FOR THEM. NOT ONLY FROM A FED. PRISON BUT ALSO FROM UTAH STATE PRISON SO I HAVE ALREADY BEEN PRESCRIBED GLASSES.

~~SEEKING AN EMERGENCY GRIEVANCE~~

Requested Action: (Attach additional pages if necessary)

I WANT TO SEE AN OPTOMETRIST  
I WANT GLASSES

Inmate/Resident's Signature: Michael O. Bacon

Date Submitted: 4/18/20





Grievance No.:

2000-2302-00894

14-5B

**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)


**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)


Responding Staff Member's Printed Name:

B. ...

Title:

NLP

Responding Staff Member's Signature:

B. ...

Date:

11/1/13

Inmate/Resident's Signature (upon receipt):

D. ...

Date:

4/22/10

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)


**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)


Warden/Administrator's Signature:

B. ...

Date:

5/7/20

Inmate/Resident's Signature (upon receipt):

D. ...

Date:



Grievance No.: 2020-2302-00276

14-5B

## INMATE/RESIDENT GRIEVANCE

FULL NAME:	MICHAEL A. BACON		
NUMBER:	05425-081	HOUSING ASSIGNMENT:	61-04

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☐ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

ON APRIL 14 2020 WE HAD A MEETING WITH THE WARDEN. I WAS PERSONALLY ONE OF THE ONLY ONE PARTICIPATING IN THIS MEETING. WE WERE TOLD MOVEMENTS WERE NOT GOING TO BE MADE FROM INFECTED PRISONS UNTIL THE BOP TO CORRECTIVE IMPROVE PRISON WAS ONE OF THE ONES SPECIFICALLY MENTIONED. YET LAST NIGHT INMATES WERE MOVED FROM WING A HERE

Requested Action: (Attach additional pages if necessary)

STOP STOP EXPOSING US TO LIFE AND DEATH DISEASE THAT UNNECESSARY OF COVID-19

Inmate/Resident's Signature: Michael A. Bacon

Date Submitted: April 15 2020



Grievance No.: 21020 2362 10276

14-5B

**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

See attached

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

See attached

Responding Staff Member's Printed Name: S. K. King

Title: Unit A - nursing

Responding Staff Member's Signature: [Signature]

Date: 4/27/2020

Inmate/Resident's Signature (upon receipt): [Signature]

Date: 4/27/2020

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)

ITS AS I SAID UNTILL YOU STOP MOVEMENT  
FROM INFECTED AREAS YOU ARE GOING TO  
EXPOSE US. COVID-19 IS ONE THAT CANNOT  
BE STOPPED WITHOUT STOPPING MOVEMENTS

**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

ALL detainees arriving to our  
facility are isolated for up to 14 days

Warden/Administrator's Signature: [Signature]

Date: 5/6/2020

Inmate/Resident's Signature (upon receipt): [Signature]

Date:



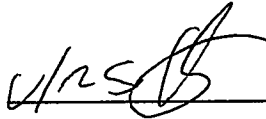
Detainee grievance response to 2020-2302-00276

Detainee Bacon 05425081

**Investigation:** Detainee is upset that transports are happening from other facilities to NSDC

**Response:** As explained in the detainee information meeting you attended, all detainees arriving from other facilities with the exception of new books, must have been at that facility for a minimum of 14 days prior to being transported to a new facility. Once they are selected for transport, they are medically screened and temperature checked before being transported. Their temperature is checked at each stage of transport with a final check upon arrival at NSDC. They are medically screened and temperature checked in intake and if someone happens arrive with a temperature of 100.5 (CDC guidelines) they are immediately housed in medical for observation for 14 days.

As an extra preventive measure, all future detainees, transfers and new books, transported to NSDC will be assigned to an isolation unit for 14 days prior to being released into general population.

A handwritten signature in black ink, appearing to be 'V/R S/B', written over a horizontal line.

Staff signature

A solid horizontal line intended for a signature.

Detainee Signature



Grievance No.:

2020-2302-00261

14-5B

## INMATE/RESIDENT GRIEVANCE

FULL NAME:	MICHAEL A. BACON		
NUMBER:	05425-001	HOUSING ASSIGNMENT:	G-1-04

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☐ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

THE DOT & BOP HAS INDICATED NO MOVEMENT YET HERE MOVES ARE STILL BEING DONE. WE HAVE BEEN INFORMED THAT STAFF ARE TO WEAR MASKS & GLOVES WHEN PATTING US DOWN YET THAT IS ALSO NOT BEING DONE.

NOW WE ARE BEING INFORMED THAT COVID-19 IS HERE IN THIS FACILITY. AND IT COMES DOWN TO THE FACT OF MOVEMENT THAT DOT & BOP SAID NOT TO HAPPEN AND OR STAFF NOT WEARING PROTECTIVE GEAR AS WE WERE TO. IT SEEMS IT ALL COMES DOWN TO THE MIGHTY DOLLAR AND WE DON'T MATTER.

AN ATTORNEY HAS NOTIFIED ANOTHER IN HERE THAT COVID-19 IS HERE AS OF LAST NIGHT AND INMATES COMING HERE ARE NOT QUARANTINED PER DOT & BOP RULES.

Requested Action: (Attach additional pages if necessary)

1) NO RETALIATION BECAUSE OF THIS GRIEVANCE  
 2) WANT TO BE INFORMED OF COVID-19 IF IT IS HERE OR NOT AND NOT LIES TO  
 3) WANT STAFF TO WEAR PROTECTIVE GEAR  
 4) WANT ACCESS TO PROTECTIVE MEASURES NECESSARY

Inmate/Resident's Signature: Michael A. BaconDate Submitted: 4/10/2020

Grievance No.: 2020-2300-002601

14-5B

**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

On 04/23/2020, I met with the staff member who was involved in the grievance. I discussed the situation with them and they agreed to follow the new policies.

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

Conciliate with all staff members who are involved in the grievance.

Responding Staff Member's Printed Name: LetitiaTitle: Unit ManagerResponding Staff Member's Signature: [Signature]Date: 4-23-2020Inmate/Resident's Signature (upon receipt): [Signature]Date: 4/27-20

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)

ON ALL ALL MOVEMENT STOPS FROM INFECTED  
PLACE IT DOES NO GOOD. MOVEMENT IS THE KEY

**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

NDOC will continue to accept  
detainers as contracted by our  
partners.  
As answered previously, all incoming  
detainers are held for 14 days.

Warden/Administrator's Signature: [Signature]Date: 5/6/2020Inmate/Resident's Signature (upon receipt): [Signature]Date: 


Detainee grievance response to 2020-2302-00261

Detainee Bacon 05425081

**Investigation:** Detainee is upset that staff are not wearing PPE and that new detainees allowed in the facility.

**Response:** Staff have the proper PPE available to them as needed. As an additional preventive measure, staff and detainees have been issued cloth masks. All detainees arriving from other facilities must have been at that facility for a minimum of 14 days prior to being transported to a new facility. Once they are selected for transport, they are medically screened and temperature checked before being transported. Their temperature is checked at each stage of transport with a final check upon arrival at NSDC. They are medically screened and temperature checked in intake and if someone happens arrive with a temperature of 100.5 (CDC guidelines) they are immediately housed in medical for observation for 14 days.

As an extra preventive measure, all future detainees, transfers and new books, transported to NSDC will be assigned to an isolation unit for 14 days prior to being released into general population.



---

Staff signature

---

Detainee Signature

# **EXHIBIT 2**

**Grievances and  
Correspondence of  
Pete Polis**

**Kopera, Jonathan**

---

**From:** ~^! POLIS, ~^!PETER ALBERT <5666422@cca.inmate-email.com>  
**Sent:** Monday, April 27, 2020 3:27 PM  
**Subject:** \*\*\*Request to Staff\*\*\* POLIS, PETER ,Offender# 5666422, G1 - G1

\*\*\* This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*

To: PRINT OUT  
Offender Work Assignment: ORDERLY

\*\*\*ATTENTION\*\*\*

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.  
68decbe4-6ea2-431b-9741-fcb657098a55

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the offender.

\*\*\*Offender Message Below\*\*\*

WARDEN for facility

-----Wardens and Chiefs on 4/13/2020 2:03 PM wrote:

>

A: We don't have any information on your concern. The courts decide who stays and goes and the facility just moves people as directed.

\*\*\*Offender Message Below\*\*\*

Warden,

I recently heard that the BOP is reviewing 5000 inmates for early home confinement. It depends on certain criteria that i happen to fall into. My attorney told me to talk to my Warden, so my question is are you the liaison between me and the BOP or are you going to get us a representative to speak on our behalf? I look forward to hearing from you sir.

## Kopera, Jonathan

**From:** ~^! POLIS, ~^!PETER ALBERT <5666422@cca.inmate-email.com>  
**Sent:** Monday, May 11, 2020 8:05 AM  
**Subject:** \*\*\*Request to Staff\*\*\* POLIS, PETER ,Offender# 5666422, G1 - G1

\*\*\* This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*

To: Please Print  
Offender Work Assignment: Orderly

\*\*\*ATTENTION\*\*\*

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

586a83a9-6ed1-4313-a187-8a9cb4442c2c

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the offender.

\*\*\*Offender Message Below\*\*\*

US MARSHAL  
Thank you, I really appreciate it  
-----USMS Jefferson on 5/11/2020 9:55 AM wrote:

>

A: The answer to your first question is no.

A: Yes, everyone may be stuck here for a while, due to the pandemic and no BOP doesn't have anything in place for people like yourself.

-----Original Message-----

From: ~^! POLIS, ~^!PETER ALBERT [mailto:5666422@cca.inmate-email.com]  
Sent: Friday, May 8, 2020 5:47 PM  
Subject: \*\*\*Request to Staff\*\*\* POLIS, PETER ,Offender# 5666422, G1 - G1

To: CARES act  
Offender Work Assignment: Orderly

Mr. Jefferson,

Q With the CARES act in effect are you now able to help facilitate me with the process for early home confinement / half-way house (RRC)?

Also we were told today that we could be "stuck" here for 5-6 months (depending on how COVID-19 progresses) do you if the BOP will have something in place for inmates like me that are supposed to enroll in RDAP and can't now?

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

8a49ef5d-cc16-42f7-b733-8241402cf741

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the offender.

\*\*\*Offender Message Below\*\*\*

This one as well. Thank you

---POLIS, PETER ALBERT on 4/24/2020 3:04 PM wrote:

>

I just got off the phone with my attorney and she said that the Warden on site "Must" address each request with an approval or denial. Now obviously it will be a denial but a denial is exactly what is required in order to file a motion before the presiding judge. A motion cannot be filed until that is first done.... Could you please pass this along to Warden Koehn

Thank you

---USMS Jefferson on 4/24/2020 1:59 PM wrote:

>

Unfortunately, the only ones that can release you, under the conditions, that you have expressed below are either (1) The court/judge that presided over your case or (2) The BOP, after conferring with the court/judge--Absolutely no one else, to include the Warden, U.S. Marshals Service anywhere, etc., has the authority to release anyone to home confinement, etc.

---Original Message---

From: ^! POLIS, ^!PETER ALBERT [mailto:5666422@cca.inmate-email.com]

Sent: Friday, April 24, 2020 7:53 AM

Subject: \*\*\*Request to Staff\*\*\* POLIS, PETER ,Offender# 5666422, G1 - G1

To: US Marshals

Offender Work Assignment: Orderly

Mr. Jefferson,

I understand you have probably been bombarded with all kinds of questions about the early home confinement situation. I don't want to burden you with questions you cant answer, but i wanted to ask if it was possible if you could contact the Marshals officer who was involved with my case until i was transferred out of the area. According to the criteria i would qualify for early home confinement but i would have to talk to the Marshals since im not in BOP custody. The contact info is as follow... Thank you either way. I just want to know the next step.

God Bless and stay safe

US Marshals

825 Jadwin Ave

Richland, WA 99352

509-946-9423

Name: Isaac

**Kopera, Jonathan**

---

**From:** ~^! POLIS, ~^!PETER ALBERT <5666422@cca.inmate-email.com>  
**Sent:** Monday, May 11, 2020 8:05 AM  
**Subject:** Fwd: RE: \*\*\*Request to Staff\*\*\* POLIS, PETER ,Offender# 5666422, G1 - G1

\*\*\* This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*

Please Print. Thank you  
Pete

-----Unit Staff F2 F4 G1 G2 G3 G4 on 5/11/2020 9:59 AM wrote:

Ai >  
We cannot do any of this as we are not a BOP facility. U/M S. Kutz

-----Original Message-----

**From:** ~^! POLIS, ~^!PETER ALBERT <5666422@cca.inmate-email.com>  
**Sent:** Friday, May 08, 2020 7:41 PM  
**Subject:** \*\*\*Request to Staff\*\*\* POLIS, PETER ,Offender# 5666422, G1 - G1

↑  
\*\*\* This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*

To: Mr. Kutz Unit / CASE MANAGER  
Offender Work Assignment: Orderly

Mr.. Kutz,

Q Being my unit manager (case manager) are you able to assist me in starting the process of early home confinement / half-way house per the CARES act? I was told to ask you as well as Warden Koehn about starting the procedure. Also i was told today that I could possibly be stuck here for another 5 months before I get transferred. Can you confirm that?

Thank you  
Pete

(i) This e-mail and any files transmitted with it are confidential and intended solely for the use of the intended recipient(s). If you have received this e-mail in error, please notify the sender immediately and delete this e-mail and any associated files from your system. (ii) Views or opinions presented in this e-mail are solely those of the author and do not necessarily represent those of CoreCivic. (iii) The recipient should check this e-mail and any attachments for the presence of viruses. The company accepts no liability for errors or omissions caused by e-mail transmission or any damage caused by any virus transmitted by or with this e-mail. This email has been scanned for content and viruses by the Barracuda Email Security System.



**Kopera, Jonathan**

---

**From:** ~^! POLIS, ~^!PETER ALBERT <5666422@cca.inmate-email.com>  
**Sent:** Saturday, May 09, 2020 12:49 PM  
**Subject:** \*\*\*Request to Staff\*\*\* POLIS, PETER ,Offender# 5666422, G1 - G1

\*\*\* This is an EXTERNAL email. Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*

To: Please Print  
Offender Work Assignment: Orderly

\*\*\*ATTENTION\*\*\*

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.  
f41b561b-0bbe-4cde-bc2d-71fd2f00b33d

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the offender.

\*\*\*Offender Message Below\*\*\*

Could you please print this for me on one page?

Thank you,  
Pete

-----POLIS, PETER ALBERT on 4/24/2020 3:04 PM wrote:

>

I just got off the phone with my attorney and she said that the Warden on site "Must" address each request with an approval or denial. Now obviously it will be a denial but a denial is exactly what is required in order to file a motion before the presiding judge. A motion cannot be filed until that is first done.... Could you please pass this along to Warden Koehn

Thank you

-----USMS Jefferson on 4/24/2020 1:59 PM wrote:

>

Unfortunately, the only ones that can release you, under the conditions, that you have expressed below are either (1) The court/judge that presided over your case or (2) The BOP, after conferring with the court/judge--Absolutely no one else, to include the Warden, U.S. Marshals Service anywhere, etc., has the authority to release anyone to home confinement, etc.

-----Original Message-----

**From:** ~^! POLIS, ~^!PETER ALBERT [mailto:5666422@cca.inmate-email.com]  
**Sent:** Friday, April 24, 2020 7:53 AM  
**Subject:** \*\*\*Request to Staff\*\*\* POLIS, PETER ,Offender# 5666422, G1 - G1

To: US Marshals

Q is over →

Grievance No.:

20-2302-00187

14-5B

## INMATE/RESIDENT GRIEVANCE

FULL NAME:	Peter Polis		
NUMBER:	20979-085	HOUSING ASSIGNMENT:	G1-483

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☐ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

According to the BOP and The United States Government All transfers of inmates from one facility to the other is supposed to be put on hold for a period of time in order to limit the chances of catching the coronavirus. Over 100 people have come and gone this past week as well as several staff members have openly told us that they have had flu like symptoms dating back over a week but are unable to get tested due to the fact that this facility is not equipped to test nor handle anything to do with the virus.

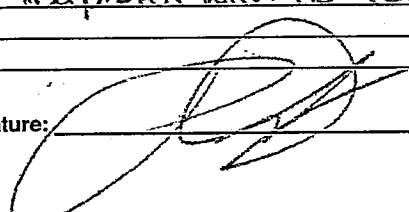
We are continually exposed to other inmates that are being brought in from high risk areas and there doesn't seem to anything set in place to protect us from exposure.

Requested Action: (Attach additional pages if necessary)

In other facilities around the county Wardens are working with officials and are releasing inmates that are non-violent and are within the terms for home confinement. I would like the same treatment as I am a first time non-violent offender who has less than a year to go. I will be contacting my Attorney next week about this and hope that I can inform him about the positive feedback I received on this.

I was taken to Medical for a sore throat and headache I think I was given ibuprofen with no test

Inmate/Resident's Signature:



Date Submitted: 3-20



Grievance No.: 2020-2302-00187

14-5B

**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

Detainee is concerned that there are not any safety protocols in place to help prevent the virus. Also he would like to be released due to his non violent crimes.

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

See attached for grievance response in regards to safety/security issue.  
Being released is not grievable in this format as per policy 14-100 pg 3 part F2C - see Attached.

Responding Staff Member's Printed Name: C. N. Skid Title: Unit Manager  
Responding Staff Member's Signature: X [Signature] Date: \_\_\_\_\_  
Inmate/Resident's Signature (upon receipt): X [Signature] Date: 3-31-2020

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)


**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)


Warden/Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Inmate/Resident's Signature (upon receipt) \_\_\_\_\_ Date: \_\_\_\_\_

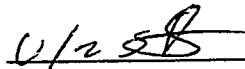



Grievance 2020-2302-00187 response  
Detainee Polis, Peter 20979085

We understand your concerns. We are currently following the Coronavirus Prevention plan issued by Core Civic to limit exposure to this virus and prepare for a response if needed. We have increased the sanitation schedules in the units as well as in all the areas of the facility. All incoming detainees are medically screened and temperature checked prior to being released to the unit. Please attend the daily town halls in your unit to receive the latest information the preventive measures being taken at our facility.

We ask that all staff and those in our care use the basic disease prevention measures as these are our best defense; Regularly wash our hands with soap and water for at least 20 seconds, cough or sneeze into our sleeve or a tissue, and avoid touching eyes, nose and mouth.

In regards to your request to US Marshalls to be released immediately, that is not grievable as Per Grievance policy 14-100 page 3 part F2c (attached) "USMS standards, decisions or matters shall be grieved in accordance with the regulations of the USMS"

  
\_\_\_\_\_  
Staff Signature

  
\_\_\_\_\_  
Detainee Signature  
Peter Polis  
20979-085


Detainee grievance response to 2020-2302-00265

Detainee Polis 20979085

**Investigation:** Detainee is upset that new detainees allowed in the facility

**Response:** All detainees arriving from other facilities must have been at that facility for a minimum of 14 days prior to being transported to a new facility. Once they are select for transport, they are medically screened and temperature checked before being transported. Their temperature is checked at each stage of transport with a final check upon arrival at NSDC. They are medically screened and temperature checked in intake and if someone happens arrive with a temperature of 100.5 (CDC guidelines) they are immediately housed in medical for observation for 14 days.

As an extra precaution all future detainees, transfers and new books, transported to NSDC will be assigned to an isolation unit for 14 days prior to being released into general population.

A handwritten signature in black ink, appearing to be 'XU/258', is written over a horizontal line.

Staff signature

A solid horizontal line intended for a signature.

Detainee Signature

Grievance No.: 5-20

14-5B

## INMATE/RESIDENT GRIEVANCE

FULL NAME:

Peter Polis

NUMBER:

20979-085

HOUSING ASSIGNMENT:

G1-48B

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☐ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations; laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

At the last Town Hall meeting we were told that there would be people leaving this POD but there would be no new people coming into this unit. On 4-10-20 we counted almost 9 new inmates that showed up here from Nevada's CDC and Arizona. The new inmates informed us that there were confirmed cases at the facility they just left. What will it take before this facility stop infecting us to potential danger?

Requested Action: (Attach additional pages if necessary).

Please do AS the BOP stated by not letting inmates into a POD for 14 days and please consider our safety instead of the money that this facility makes off the inmates. It's not fair to us.

Inmate/Resident's Signature: Date Submitted: 4-10-20

Grievance No.:

2020-2302-00263

14-5B

**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

Detainee is upset that there was no soap available for the officer to give him.  
Bar soap for Restroom area.

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

There was soap available in the unit. The officers have been advised to leave the soap out for detainees to be able to get soap when needed. Further staff involvement cannot be discussed in this format.

Responding Staff Member's Printed Name:

S. Kuter

Title:

Unit Manager

Responding Staff Member's Signature:

[Signature]

Date:

11-7-2020

Inmate/Resident's Signature (upon receipt):

[Signature]

Date:

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)

**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

Warden/Administrator's Signature:

Date:

Inmate/Resident's Signature (upon receipt):

Date:





Grievance No.:

5 2020-2302-002103

14-5B

## INMATE/RESIDENT GRIEVANCE

FULL NAME:

Peter Polis

NUMBER:

20979-085

HOUSING ASSIGNMENT:

G-48-B

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☐ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

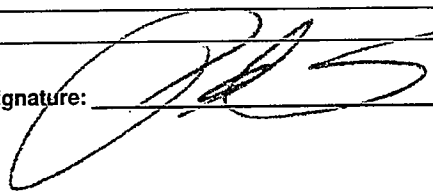
Due to the Coronavirus we are told to wash our hands thoroughly throughout the day. On the evening of April 10<sup>th</sup> I approached the CO and asked for a bar of soap for the bathroom so we could wash our hands after we go to the bathroom and WAS told that there was no bars for us!!! There are close to 80 people in this unit without the proper supplies to clean and sanitize our hands.

Requested Action: (Attach additional pages if necessary)

Please supply us with the supplies we need to make sure we can properly clean our hands after using the bathroom or before we eat.

Thank You

Inmate/Resident's Signature:



Date Submitted:

4-10-20





Grievance No.:

5 # 2020-2300-00272

14-5B

## INMATE/RESIDENT GRIEVANCE

FULL NAME:	Peter Polis		
NUMBER:	20979-085	HOUSING ASSIGNMENT:	G1-48B

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☐ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights).
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

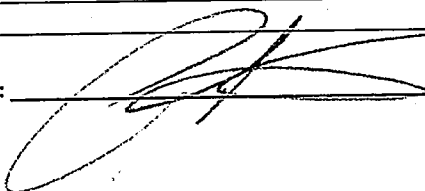
On 4-14 we were invited into a meeting to discuss the Coronavirus and what this facility is doing to prevent the virus from affecting this facility. One promise was that inmates from "hot zone" areas would not be coming here, and anyone that has symptoms would be quarantined along with the inmates on that flight.

This morning in G1 we see inmates from Lumpoc and El Paso as well as the news that 2 inmates had high temps why are there 15 inmates in G1 that were subjected to these inmates.

Requested Action: (Attach additional pages if necessary)

It doesn't matter because you will obviously do what you want, but I will be talking to my attorney about the chain of events.

Inmate/Resident's Signature:



Date Submitted:




Detainee grievance response to 2020-2302-00272

Detainee Polis 20979085

**Investigation:** Detainee is upset that new detainees arrived from other facilities on 4-14-2020 from other facilities that he referred to as "hot zone" areas.

**Response:** During the detainee meeting all detainees and staff in attendance were told, with the exception of new books, all detainees arriving from other facilities must have been at that facility for a minimum of 14 days prior to being transported to a new facility. Once they are select for transport, they are medically screened and temperature checked before being transported. Their temperature is checked at each stage of transport with a final check upon arrival at NSDC. They are medically screened and temperature checked in intake and if someone happens arrive with a temperature of 100.5 (CDC guidelines) they are immediately housed in medical for observation for 14 days.

As an extra precaution all future detainees, transfers and new books, transported to NSDC will be assigned to an isolation unit for 14 days prior to being released into general population.



Staff signature



Detainee Signature

Grievance No.: 20

14-5B

## INMATE/RESIDENT GRIEVANCE

FULL NAME:	Inmates in G-1 unit		
NUMBER:		HOUSING ASSIGNMENT:	

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? ☐ YES ☐ NO

## GRIEVANCE CATEGORY (CIRCLE ONE):

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
5. Safety/Security	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

STATE GRIEVANCE: (Include documentation, witnesses, date of incident, and any other information pertaining to the grievance subject. Attach additional pages if necessary).

We the inmates in Unit G-1 want to voice our concern for the lack of safety and concern we are being shown while this whole country is turned upside down by the Coronavirus. Certain precautions that our government has told us to take are being ignored here as this facility continues transferring inmates in and out of high risk states. We are also being subjected to sick staff members working throughout this facility. No tests are in or even near the facility and that in itself concerns us.

Attached is a list of all the inmates who willingly signed this grievance and our families are not happy with the potential exposure and lack of concern this facility is showing us.

Requested Action: (Attach additional pages if necessary)

We would like to speak to the Warden or a US Marshal about this existing and continuing problem. We would like all transfers to stop and to act on our behalf to mediate home confinement for non-violent offenders who have served over a third of our sentence.

Inmate/Resident's Signature:

Attached Sheet

Date Submitted:

3-19



## Grievance - 20

14-5B

NAME - REG #

Jose Molina Jimenez 5469298

Carlos [unclear] 89237400

Madda Dadi ~~49258-086~~

Raul Sales 19325405

ALDO MERA 55288040

Matt [unclear] 18052029

Roberto 20979-085

Matthew [unclear] 24759081

Ethan Erhardt 55791048

Melvin [unclear] 55495048

[unclear] 20312081

Jesus M. Suarez 55797048

[unclear] 70832288

[unclear] 54002408

James F. McClure 16482097

VWA A. [unclear] 541140048

Arquarius Robertson 47846048

Phillip Chavez 14939-023

William Engle 55680040

Wtekeime, Josiah 53531424

[unclear] 5387048

Hall, J 5514048

Marshall, J 5021048

Michael Watson 55875048

GARCIA WELAS 5632298

Tim TREVINO 5209048

[unclear] # [unclear]

NAME - REG #

Gabriel Aguilar 05249298

ALFRED CANNAN 20317-000

Jose Cortez #55615048

Raul [unclear] 19325408

LITHERIDGE 35524-048

A. Ochipinti - 53264-048

Terry Takirt 58402078

Michael Guiza 55738048

[unclear]

Cesar Hernandez 54722048

JASON CLARK 50198048

Anthony Hurtado 55891048

Mintarhai, Saravot 55150048

Philip LEWIS 21366055

Paul Iwatsu 55082048

Kenton Brave 5537048

Kearse Real 53680048

Channon Smeel 55215048

[unclear] 55753048

Buddy [unclear] 55237048

Carlos Delgado Macias 55885048

Ricardo Consuegra 56157048

Mondragon Juan 55749048

Antonio Garcia 55707048

Lately Clay 454-5903

SIDDIS / 67721112 ST

Ramon DE SAGE

**SICK CALL REQUEST / FACE-TO-FACE ENCOUNTER****PART A:** (To be completed by inmate/detainee patient)

Date: 5-5 Work Assignment: Orderly  
 Work Hours: 11-16 Housing Assignment: G1-48B  
 Reason for requesting Health Services appointment (BE SPECIFIC): I am applying for half-way house (RPC) and need written statement that I have been tested for covid-19 and that I'm cleared  
 How long have you had this problem? I just need to be tested  
 Inmate/Detainee Name (print): Peter Polu Inmate/Detainee Number: 20979-085  
 Inmate/Detainee Signature: [Signature] Date of Birth: 11-21-70

**PART B:** (Medical Staff Only)

Sick Call Received by: (signature) [Signature]  
 Date Received: 05/07/20 Time Received: 1055 hours

**DISPOSITION****PART C:** (To be completed by Medical/Health Services Staff Only)

Face-to-Face (FTF) completed by QHCP: (print name) M. Krueger RN  
 Date and Time FTF Encounter completed: 5/7/20 1347 hours

**Check Disposition:**

☐ Emergent NSC (Immediately) ☐ Urgent NSC (within 24 hours) ☒ Routine NSC (within 72 hours)  
☐ No appointment needed (must fill out Part D below)

**Referral to LIP (Check yes or no):** ☐ YES (check below for the timeframe) ☒ No Referral

☐ Medical ☐ Dental ☐ Mental health

☐ Emergency (Immediately) ☐ Urgent (within 24 hours) ☐ Routine (within 2-14 days)

QHCP Signature: M. Krueger Date: 5/7/20

**PART D:** (To be completed by Medical Staff)**HEALTH SERVICES REPLY:**

Unfortunately, we do not provide testing for asymptomatic individuals for covid-19 at this time.

QHCP Signature: [Signature] Date: 5/7/20

White Copy: Medical Records  
 Pink Copy: Inmate/Detainee